

457 Direct Deposit Authorization Form



ICMA Retirement Corporation
Attn.: Records Management Unit
P.O. Box 98150
Washington, DC 20090-8150



- Use this form to have your benefit payments directly deposited into your bank account.
- Please complete a separate form for each employer plan account.

1 Payee Information	<div>Employer Plan Number <input type="text"/> Employer Plan Name <input type="text"/> State <input type="text"/></div> <div>Social Security Number <input type="text"/> Daytime Phone Number <input type="text"/></div> <div>Full Name of Participant Last <input type="text"/> First <input type="text"/> M.I. <input type="text"/></div> <div>Mailing Address/Street: <input type="text"/></div> <div>City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/></div>
2 Type of Authorization	<p>Select only one box</p> <p><input type="checkbox"/> Initial Authorization <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> Cancellation of Authorization (All future payments will be mailed to the permanent address listed above.)</p>
<div>Please attach a voided check or deposit slip here.</div> 3 Account Information	<p>Note that electronic direct deposit is currently not available for lump or one-time payments. If you complete this form for your one-time payment we will mail a check directly to your financial institution.</p> <p>Please contact your bank to confirm this information. Incorrect information will delay electronic deposit processing. Also, please note that the first payment may be issued as a check rather than an electronic deposit. All subsequent deposits will be completed electronically. Please attach a voided check or deposit slip.</p> <div>Financial Institution's Routing Number <input type="text"/> Financial Institution's Telephone Number <input type="text"/></div> <div>Type of Depositor Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings</div> <div>Depositor Account Number <input type="text"/></div> <p>(See reverse side for a sample to help you locate your account number on your check or deposit slip.)</p> <div>Name of Financial Institution <input type="text"/></div> <div>Address: <input type="text"/></div> <div>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></div>
4 Participant/ Beneficiary Authorization	<p>I hereby authorize the VantageTrust Company (hereinafter called the "Trust") to credit the above referenced account for any amount owed to me for retirement benefit payments. This authorization agreement is to remain in full force and effect until the Trust has received written notification from me of its termination in such time and in such manner as to afford the Trust and depository a reasonable opportunity to act on it. This authorization agreement may also be terminated by the Trust.</p> <p>In the event that the Trust notifies the bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the Trust as soon as possible.</p> <div>Participant/Beneficiary Signature <input type="text"/> Date <input type="text"/></div>

IMPORTANT-REMEMBER TO PRINT LEGIBLY IN BLACK OR BLUE INK

457 Direct Deposit Authorization Form Instructions



Most of the information needed to complete the account information boxes can be found as follows:

- A. Be sure current address is shown
- B. Financial institution's routing number for direct deposit. Please call your bank to verify this number is correct for direct deposit. If the number is not correct, it will result in delays.
- C. Your account number

VOID

JOHN AND JANE DOE
1234 Main Street
Anytown, WA 11111

345
12-345/678

19

Pay to the order of \$

Dollars

First National Bank
of Anytown, WA
Anytown, WA 11111

Memo

I:123456789 I: 123 456 7" 345

VOID

JOHN AND JANE DOE
1234 Main Street
Anytown, WA 11111

DEPOSIT TICKET

Date 19

First National Bank
of Anytown, WA
Anytown, WA 11111

Account Deposit

	Dollars	Cents
Cash		
List Checks Singly		
Total From Other Side		
Total		
Less Cash Received		

12-345/678

I:123456789 I: 123 456 7" 345